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<b>SERIAL NUMBER</b> 10/674,891	<b>FILING OR 371(c) DATE</b> 09/29/2003 <b>RULE</b>	<b>CLASS</b> 351	<b>GROUP ART UNIT</b> 2873	<b>ATTORNEY DOCKET NO.</b> IL-11093
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**\*\* CONTINUING DATA \*\*\*\*\***

This appln claims benefit of 60/416,197 10/04/2002 *SA*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\***  
 \*\* 12/18/2003 *none SA*

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>SA</i>	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 26 25	<b>INDEPENDENT CLAIMS</b> 2
Verified and Acknowledged	Examiner's Signature <i>SA</i> Initials				

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**TITLE**

Adaptive ophthalmologic system

<b>FILING FEE RECEIVED</b> 494	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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